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Image# 202009079267089365

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Can	, ,									
McGrath, Ar										
(b) Address (nun PO Box 95	nber and street)	□C	heck if addre	ss changed		2. Candida S0KY0	ite's FEC Iden 10339	tification N	umber	
(c) City, State, ar	nd ZIP Code					3. Is This	s Ne	W		Amended
Lexington			K١	405	38	Statem	nent (N)	OR	×	(A)
4. Party Affiliation		5. Office Soug	ht		6. State & Dist	trict of Candid	date			
DEMOCRATIC	PARTY	Senate			KY	00				
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGI	и соммі	TTEE			
7. I hereby designa	te the following na	med political co	mmittee as n	ny Principal	Campaign Com	mittee for the	2020 (year of elect	election)	on(s).	
NOTE: This desi	gnation should be	filed with the ap	propriate offi	ce listed in	the instructions.					
(a) Name of Con	nmittee (in full) CGRATH FO	OR SENA	TE, INC							
(b) Address (nun PO BOX 87										
(c) City, State, ar	nd ZIP Code									
GEORGE ⁻	OWN				KY	40324	1			
8. I hereby authoriz		(1	ncluding Joir	nt Fundraisi	THORIZED ng Representativ pal campaign cor	/es)		end funds	on beh	nalf of my
candidacy. NOTE: This desi	gnation should be	filed with the pri	ncipal campa	aign commit	tee.					
(a) Name of Com	annitte e (in full)	-								
(a) Name of Con AMY M	CGRATH F	OR CONG	RESS							
(b) Address (nur P.O. BOX 8	,									
(c) City, State, ar	nd ZIP Code									
GEORGET					KY	40324				
						10021				
	rtify that I have exa	amined this Stat	ement and to	the best o	my knowledge a	and belief it is	true, correct a	and comple	ete.	
Signature of Cand	date					Date				•
McGrath, Amy, , ,				[Ele	ctronically Filed]	09/07/20	20			
						_		_	_	
NOTE: Submission	of false, erroneous	, or incomplete	information r	nay subject	the person signi	ng this Stater	ment to penalti	ies of 2 U.S	S.C. §4:	37g.
NOTE: Submission	of false, erroneous	, or incomplete	information r	nay subject	the person signi	ng this Stater	ment to penalti	ies of 2 U.S	S.C. §4	37g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	MAJORITY 2020							
	(b) Address (number and street) 910 17TH ST NW STE 925							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20006					
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal campator (a) Name of Committee (in full)							
	SHAHEEN MCGRATH VICTORY FUND							
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE: This designation should be filed with the principal campa. (a) Name of Committee (in full) BLUE SENATE CANDIDATE FUND							
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)							
	DURBIN MCGRATH VICTORY FUND							
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	WIN THE SENATE 2020						
	(b) Address (number and street) 611 PENNSYLVANIA AVE SE NUM 143						
	(c) City, State, and ZIP Code						
	WASHINGTON DC 20003						
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full) FOR KENTUCKY						
	(b) Address (number and street) PO BOX 95						
	(c) City, State, and ZIP Code						
	LEXINGTON KY 40588						
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						